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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/981,278
Filing Date	10/16/2001
First Named Inventor	Wallace Matthews
Group Art Unit	
Examiner Name	Roberta Lucas
Attorney Docket Number	

Total Number of Pages in This Submission 65

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Drawing(s) 4	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application 63	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input checked="" type="checkbox"/> CD, Number of CD(s) 1	

Remarks

application is complete but needs format changes to comply with prescribed format.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wallace Matthews
Signature	Wallace Matthews
Date	August 13, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: August 15, 2002

Typed or printed name	Wallace Matthews
Signature	Wallace Matthews
Date	August 15, 2002

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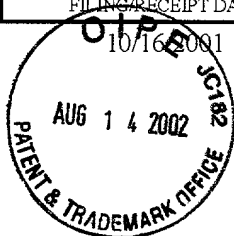


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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/981,278	10/16/2001	Wallace Matthews	

Wallace Matthews  
41 Kinsley Lane  
Mendon, MA 01756



CONFIRMATION NO. 7205

## FORMALITIES LETTER



\*OC00000008459905\*

Date Mailed: 07/16/2002

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a)

The required item(s) identified below must be timely submitted to avoid abandonment:

- Abstract must be on a separate sheet.

*A copy of this notice **MUST** be returned with the reply.*

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PART 2 - COPY TO BE RETURNED WITH RESPONSE

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